## Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

<table>
<thead>
<tr>
<th>Date</th>
<th>Revised Pages</th>
<th>Patch Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2013</td>
<td>i-ii, v-vi</td>
<td>PSO<em>7</em>390</td>
<td>Updated Revision History &amp; Table of Contents</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
<td>Added new option Check Interaction</td>
</tr>
<tr>
<td></td>
<td>4, 6, 22, 23,</td>
<td></td>
<td>Added Creatinine Clearance (CrCl) and Body Surface</td>
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<td></td>
<td>26n, 28, 29b,</td>
<td></td>
<td>Area (BSA), when available, to the header area of Patient</td>
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<tr>
<td></td>
<td>29v, 36, 52, 55,</td>
<td></td>
<td>and Medication Profile displays</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td></td>
<td>Added new option Check Drug Interaction</td>
</tr>
<tr>
<td></td>
<td>18a-18d</td>
<td></td>
<td>Added information regarding clinic orders</td>
</tr>
<tr>
<td></td>
<td>26e-26e2</td>
<td></td>
<td>Update Hidden Actions</td>
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<tr>
<td></td>
<td>27, 48, 55a</td>
<td></td>
<td>Added drug allergy changes</td>
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<td></td>
<td>29f-29g2</td>
<td></td>
<td>Update Glossary</td>
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<tr>
<td></td>
<td>79-84</td>
<td></td>
<td>Update Index</td>
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<tr>
<td></td>
<td>85</td>
<td></td>
<td>(G. Tucker, PM; S. Heiress, Tech Writer)</td>
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<tr>
<td>09/2012</td>
<td>i, ii, vi, 55a – 55d</td>
<td>PSO<em>7</em>386</td>
<td>Added section on HOLD and UNHOLD functionality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(N.Goyal, PM; J. Owczarzak, Tech Writer)</td>
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<tr>
<td>02/2012</td>
<td>i-ii, v-vi, 14,</td>
<td>PSO<em>7</em>385</td>
<td>Added signature alert</td>
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<tr>
<td></td>
<td>34, 37-40, 42-43, 45a-45h,</td>
<td></td>
<td>Expanded ECME Numbers to twelve digits</td>
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<td></td>
<td>63, 66, 68a-b,</td>
<td></td>
<td>Corrected typos</td>
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<td></td>
<td>70, 79-83</td>
<td></td>
<td>Updated wording on p. 34 from “a message” to “messages”</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Updated Service Code values</td>
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<td></td>
<td>Added CHAMPVA functionality</td>
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<td></td>
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<td>Added TRICARE to Glossary</td>
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<td></td>
<td></td>
<td></td>
<td>Added CHAMPVA to Glossary</td>
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<td></td>
<td>(S. Spence, PM; C. Smith, Tech Writer)</td>
</tr>
<tr>
<td>04/2011</td>
<td>i</td>
<td>PSO<em>7</em>251</td>
<td>The following changes are included in this patch:</td>
</tr>
<tr>
<td></td>
<td>v, vi</td>
<td></td>
<td>-Updated Revision History</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-Updated Table of Contents</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td>-Outpatient List Manager Screen Views</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
<td>-Added HP and H to Hold Status, and Added</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td></td>
<td>DF,DE,DP,DD and DA</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td></td>
<td>-Added Intervention menu hidden action information</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td></td>
<td>-Added DF,DE,DP,DD and DA, and Added HP and H to Hold Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Replaced Medication Short Profile</td>
</tr>
<tr>
<td>Date</td>
<td>Revised Pages</td>
<td>Patch Number</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
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<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10/09</td>
<td>v, 11, 21-23, 61, 81</td>
<td>PSO<em>7</em>326</td>
<td>The Social Security Number was removed from print outs given to patients. The patient lookup has been expanded to include the ability to look up by prescription number or wand a barcode with the prescription from many options. (E. Wright, PM; S. B. Gilbert, Tech Writer)</td>
</tr>
</tbody>
</table>
| 08/09  | All           | PSO*7*320    | The following changes are included in this patch.  
- Remote Data prompt, notification, and screen have been added.  
- A hidden action, DR [Display Remote], has been added.  
- "THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES" prints at the end of the Pull Early from Suspense report. (G. Tucker, PM; S. B. Scudder, Tech Writer) |
Preface

This user manual describes the functional characteristics of Outpatient Pharmacy V. 7.0. It is intended for pharmacists and technicians who are familiar with the functioning of Outpatient Pharmacy in a VA Medical Center.
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Chapter 2: List Manager

The screen displayed when processing an order has changed dramatically from the previous version of Outpatient Pharmacy (e.g., v. 6.0). The new screen was designed using List Manager.

This new screen gives more information and easier accessibility to vital reports and areas of a patient’s chart.

Please take the time to read over the explanation of the screen and the actions that can now be executed at the touch of a key. This type of preparation before attempting to use List Manager will reduce the time and effort needed to become skilled in order processing with this new version of List Manager.

Outpatient List Manager

Screen title: The screen title changes according to what type of information List Manager is displaying (e.g., Patient Information, Medication Profile, New OP Order (ROUTINE), etc.).

Allergy indicator: This indicator displays when there has been information entered into the ALLERGY field for the patient. The indicator displays “NO ALLERGY ASSESSMENT” if there is no allergy assessment for the patient.

Header area: The header area is a "fixed" (non-scrollable) area that displays patient information.

List area: (scrolling region) This area scrolls (like the previous version) and displays the information on which action can be taken.
**Message window:** This section displays a plus (+) sign, minus (-) sign, or informational text (i.e., Enter ?? for more actions). If a plus sign is entered at the action prompt, List Manager will "jump" forward a page. If a minus sign is displayed and entered at the action prompt, List Manager will "jump" back a screen. The plus and minus signs are only valid actions if they are displayed in the message window.

**Action area:** A list of actions display in this area of the screen. If a double question mark (??) is entered at the “Select Item(s)” prompt, a “hidden” list of additional actions that are available will be displayed. Outpatient Pharmacy hidden actions are displayed with the letters (OP) next to the action.

**Example: Showing more Indicators and Definitions**

<table>
<thead>
<tr>
<th>#</th>
<th>RX #</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>503902</td>
<td>ACETAMINOPHEN 500MG TAB</td>
<td>60</td>
<td>AT</td>
<td>05-22</td>
<td>05-22</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>503886$</td>
<td>DIGOXIN (LANOXYN) 0.2MG CAP</td>
<td>60</td>
<td>A&gt;</td>
<td>05-07</td>
<td>05-07</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>503871$</td>
<td>HISTOPLASMIN 1ML</td>
<td>1</td>
<td>A</td>
<td>03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>100002042$</td>
<td>NALBOPHINE HCL INJ 10MG/ML</td>
<td>1</td>
<td>A</td>
<td>03-14</td>
<td>03-14</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>100002040$</td>
<td>SALICYLIC ACID 40% QINT (0Z)</td>
<td>1</td>
<td>S</td>
<td>03-14</td>
<td>03-17</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

---

**Order Status and CMOP Indicators**

**Allergy Indicator**

**Copay Indicator**

**ePharmacy Indicator**

**Return To Stock Indicator**

**Pending Orders**

**Flagged Order**

**Non-VA Meds Orders**

**Enter ?? for more actions**

PU  Patient Record Update
PI  Patient Information
Select Action: Quit//
All orders are sub-grouped by like statuses and then listed alphabetically within the sub-group.

**Order Status:** The current status of the order. These statuses include:
- A Active
- S Suspended
- N Non-Verified or Drug Interactions
- HP Placed on hold by provider through CPRS
- H Placed on hold via backdoor Pharmacy
- E Expired
- DA Auto discontinued due to admission
- DP Discontinued by provider through CPRS

The Status column may also reflect the type of Discontinue action performed on the order:
- DF Discontinued due to edit by a provider through CPRS
- DE Discontinued due to edit via backdoor Pharmacy
- DC Discontinued via backdoor Pharmacy
- DD Discontinued due to death

A “B” will be appended to the above statuses if the Bad Address Indicator was set and there was no active temporary address at the time of the last label activity.

**CMOP Indicators:** There are two separate indicators when the drug in an order is marked for Consolidated Mail Outpatient Pharmacy (CMOP) processing. This indicator is displayed after the Order Status if applicable.
- > Drug for the prescription is marked for CMOP
- T Displayed when the last fill is either in a Transmitted or Retransmitted CMOP state. (This indicator can overwrite the “>” indicator.

**Copay Indicator:** A “$” displayed to the right of the prescription number indicates the prescription is copay eligible.

**ePharmacy Indicator**
- An ‘e’ displayed to the right of the prescription number indicates that the prescription is electronic third-party billable.

**Return to Stock Indicator:**
- An “R” displayed to the right of the Last Fill Date indicates the last fill was returned to stock.

**Pending Orders:** Any orders entered through Computerized Patient Records System (CPRS), or another outside source, that have not been finished by Outpatient Pharmacy.

**Non-VA Meds Orders:** Any over the counter (OTC) medications, herbal supplements, medications prescribed by providers outside the VA, and medications prescribed by the VA, but purchased by the patient at an outside pharmacy are displayed here. Non-VA Meds orders cannot be placed or updated in Outpatient Pharmacy. The user can input information about a patient’s use of Non-VA Meds only through CPRS. However, the user can use either CPRS or Outpatient Pharmacy menu options to view Non-VA Meds data in a patient’s medical records.
**Third Party Rejects**  Any prescriptions that are rejected by third-party payers because of Refill Too Soon (code 79) or Drug Utilization Review (DUR - code 88) are displayed in this section.

**Example: Showing Rejected Prescriptions**

<table>
<thead>
<tr>
<th>#</th>
<th>RX</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>51368009$e</td>
<td>DIGOXIN (LANOXIN) 0.05MG CAP</td>
<td>90</td>
<td>A&gt;</td>
<td>02-16</td>
<td>02-16</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>2</td>
<td>51360563e</td>
<td>OXYBUTYNNIN CHLORIDE 15MG SA TAB</td>
<td>180</td>
<td>S&gt;</td>
<td>02-15</td>
<td>05-06</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>100003470e</td>
<td>ABSORBABLE GELATIN FILM</td>
<td>1</td>
<td>A</td>
<td>11-04</td>
<td>11-04</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>100003461</td>
<td>ACETAMINOPHEN 650MG SUPPOS.</td>
<td>10</td>
<td>A&gt;</td>
<td>11-04</td>
<td>11-04</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>100003185e</td>
<td>ALBUMIN 25% 50ML</td>
<td>2</td>
<td>A</td>
<td>08-01</td>
<td>08-01</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>100003530</td>
<td>ANALGESIC BALM 1 POUND</td>
<td>1</td>
<td>A</td>
<td>01-08</td>
<td>01-08</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>7</td>
<td>100003400</td>
<td>APPLICATORS, COTTON TIP STERILE</td>
<td>10</td>
<td>A</td>
<td>09-23</td>
<td>09-23</td>
<td>5</td>
<td>31</td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions

PU  Patient Record Update  NO  New Order
PI  Patient Information  SO  Select Order

Select Action: Next Screen//
Using List Manager with Outpatient Pharmacy

List Manager is a tool designed so that a list of items can be presented to the user for an action.

For Outpatient Pharmacy, the List Manager does the following:

- Allows the pharmacist or technician to browse through a list of actions
- Allows the pharmacist or technician to take action against those items
- Allows the user to select an action that displays an action or informational profile
- Allows the user to select a different action without leaving an option.

Not all functionality displayed in this section (i.e., hidden and speed actions) is available to pharmacy technicians.

Entering Actions

Actions are entered by typing the name(s), or synonym(s) at the “Select Item(s)” prompt. In addition to the various actions that may be available specific to a particular option, List Manager provides generic actions applicable to any List Manager screen. A double question mark (??) may be entered at the “Select Action” prompt for a list of all actions available. The following is a list of generic List Manager actions with a brief description. The synonym for each action is shown in brackets following the action name. Entering the synonym is the quickest way to select an action. Outpatient Pharmacy hidden actions are displayed with the letters (OP) next to the action.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Screen [+]</td>
<td>Move to the next screen (may be shown as a default).</td>
</tr>
<tr>
<td>Previous Screen [-]</td>
<td>Move to the previous screen.</td>
</tr>
<tr>
<td>Up a Line [UP]</td>
<td>Move up one line.</td>
</tr>
<tr>
<td>Down a Line [DN]</td>
<td>Move down one line.</td>
</tr>
<tr>
<td>Shift View to Right [&gt;]</td>
<td>Move the screen to the right if the screen width is more than 80 characters.</td>
</tr>
<tr>
<td>Shift View to Left [&lt;]</td>
<td>Move the screen to the left if the screen width is more than 80 characters.</td>
</tr>
<tr>
<td>First Screen [FS]</td>
<td>Move to the first screen.</td>
</tr>
<tr>
<td>Last Screen [LS]</td>
<td>Move to the last screen.</td>
</tr>
</tbody>
</table>
## Action

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to Page [GO]</td>
<td>Move to any selected page in the list.</td>
</tr>
<tr>
<td>Re Display Screen [RD]</td>
<td>Redisplay the current.</td>
</tr>
<tr>
<td>Print Screen [PS]</td>
<td>Prints the header and the portion of the list currently displayed.</td>
</tr>
<tr>
<td>Print List [PL]</td>
<td>Prints the list of entries currently displayed.</td>
</tr>
<tr>
<td>Search List [SL]</td>
<td>Finds selected text in list of entries.</td>
</tr>
<tr>
<td>Auto Display (On/Off) [ADPL]</td>
<td>Toggles the menu of actions to be displayed/not displayed automatically.</td>
</tr>
<tr>
<td>Quit [QU]</td>
<td>Exits the screen (may be shown as a default).</td>
</tr>
</tbody>
</table>

### Outpatient Pharmacy Hidden Actions

The Outpatient Pharmacy hidden actions will display with the previous hidden actions once a completed or finished order is selected and a double question mark (??) is entered at the “Select Action” prompt.

The following hidden actions appear on the prescription profile screen and can only be applied to one order at a time.

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Logs [AL]</td>
<td>Displays the Activity Logs.</td>
</tr>
<tr>
<td>Copy [CO]</td>
<td>Allows the user to copy and edit an order.</td>
</tr>
<tr>
<td>Check Interactions [CK]</td>
<td>Allows a user to perform order checks against the patient’s active medication profile with or without a prospective drug.</td>
</tr>
<tr>
<td>DIN</td>
<td>Displays available drug restriction/guideline information for the Dispense Drug and Orderable Item associated with the selected medication order.</td>
</tr>
<tr>
<td>Intervention Menu (IN)</td>
<td>Allows a user to enter a new intervention or delete, edit, print and view an existing intervention.</td>
</tr>
<tr>
<td>Hold [HD]</td>
<td>Places an order on a hold status.</td>
</tr>
<tr>
<td>Other OP Actions [OTH]</td>
<td>Allows the user to choose from the following sub-actions: Progress Note [PN], Action Profile [AP], Print Medication Instructions [MI], Display Orders' Statuses [DO], or Non-VA Meds Report [NV].</td>
</tr>
</tbody>
</table>
Chapter 5.5: Check Drug Interaction

This chapter describes the Check Drug Interaction option shown on the Outpatient Pharmacy Manager [PSO MANAGER] menu and the Pharmacist Menu [PSO USER1].

Check Drug Interaction
[PSO CHECK DRUG INTERACTION]

This option allows a user to check drug interactions between two or more drugs.

Select Outpatient Pharmacy Manager Option: CHECK Drug Interaction
Drug 1: WARFARIN 2MG TABS BL110
...OK? Yes// (Yes)
Drug 2: SIMVASTATIN 40MG TAB
Lookup: GENERIC NAME
SIMVASTATIN 40MG TAB CV350
...OK? Yes// (Yes)
Drug 3:
Now Processing Enhanced Order Checks! Please wait...

*** DRUG INTERACTION(S) ***
============================================================
***Significant*** with SIMVASTATIN 40MG TAB and
WARFARIN 2MG TABS
CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin.

Press Return to Continue...:
Display Professional Interaction monograph? N// YES
DEVICE: HOME// SSH VIRTUAL TERMINAL Right Margin: 80//

Professional Monograph
Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS
This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

MONOGRAPH TITLE: Selected Anticoagulants/Selected HMG-CoA Reductase Inhibitors

SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed.

MECHANISM OF ACTION: The exact mechanism of this interaction is unknown. The HMG-CoA reductase inhibitor may inhibit the hepatic hydroxylation of warfarin. The HMG-CoA reductase inhibitors, which are highly plasma protein bound, may displace warfarin from its binding site.
Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS

CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Patients should be monitored for changes in prothrombin time when a HMG Co-A reductase inhibitor is added to or discontinued from warfarin therapy, or if the dosage of the HMG Co-A reductase inhibitor is adjusted.

DISCUSSION: Case reports in the medical literature and to the manufacturer have documented an interaction between lovastatin and warfarin. A case report has documented an interaction between pravastatin and fluindione (an orally administered indanedione anticoagulant), suggesting that pravastatin could also interact similarly with warfarin. Information concerning a potential interaction with simvastatin is conflicting. A case report has documented an interaction between simvastatin and acenocoumarol while another case report showed no interaction with warfarin. One group of authors reported three case reports of increased international normalized ratios (INRs) following the addition of fluvastatin to warfarin therapy. The addition of rosvuvastatin to patients stabilized on warfarin resulted in clinically significant changes in INR.

REFERENCES:

Press Return to Continue or ^ to Exit:
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Enter RETURN to continue or '^' to exit:

Display Professional Interaction monograph? N// O
Chapter 7: Using the Medication Profile

This chapter describes the Medication Profile, its different formats, and how it can be used in patient care.

Medication Profile

The Medication Profile displays a profile of all prescriptions on file for a particular patient. The prescription display includes all Non-VA Med orders also. The user may view this information directly on the screen or request it to be printed. The medication profile is available in two formats: short or long.

Medication Profile: Short Format

The short format displays the following information:

- patient name
- last four digits of the patient’s SSN
- eligibility
- reactions
- prescription number
- Sig
- quantity
- last fill date
- address
- DOB
- narrative
- prescriptions
- drug name
- status
- issue date
- refills remaining.

The short report format of the fields for Non-VA Med orders include the drug name or orderable item name, dosage, schedule and date documented.

The short format displays the status and or action in an abbreviated form. The following is an explanation of the codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Status/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Active</td>
</tr>
<tr>
<td>B</td>
<td>Bad Address Indicated</td>
</tr>
<tr>
<td>DF</td>
<td>Discontinued due to edit by a provider through CPRS</td>
</tr>
<tr>
<td>DE</td>
<td>Discontinued due to edit via backdoor Pharmacy</td>
</tr>
<tr>
<td>DP</td>
<td>Discontinued by provider through CPRS</td>
</tr>
<tr>
<td>DC</td>
<td>Discontinued via backdoor Pharmacy</td>
</tr>
<tr>
<td>DD</td>
<td>Discontinued due to death</td>
</tr>
<tr>
<td>DA</td>
<td>Auto discontinued due to admission</td>
</tr>
<tr>
<td>E</td>
<td>Expired</td>
</tr>
<tr>
<td>HP</td>
<td>Placed on hold by provider through CPRS</td>
</tr>
<tr>
<td>H</td>
<td>Placed on hold via backdoor Pharmacy</td>
</tr>
</tbody>
</table>
### Code Status/Description
- **N**: Non Verified
- **P**: Pending due to drug interactions
- **S**: Suspended
- **$**: Copay eligible
- **E**: third-party electronically billable
- **R**: Returned to stock prescription (next to last fill date)

#### Example: Medication Profile – Short Format

<table>
<thead>
<tr>
<th>#</th>
<th>RX #</th>
<th>DRUG</th>
<th>QTY ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2390$e</td>
<td>DIGOXIN (LANOXIN) 0.05MG CAP</td>
<td>90 A&gt; 02-16 02-16</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2391e</td>
<td>OXYBUTYNIN CHLORIDE 15MG SA TAB</td>
<td>180 S&gt; 02-15 05-06</td>
<td>0</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2396</td>
<td>AMPICILLIN 250MG CAP</td>
<td>40 A&gt; 06-12 06-12</td>
<td>0</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2395</td>
<td>AZATHIOPRINE 50MG TAB</td>
<td>90 E 06-10 05-03</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2398</td>
<td>FULIC ACID 1MG TAB</td>
<td>90 DD&gt; 05-03 05-03R</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2400</td>
<td>HYDROCORTISONE 1%CR</td>
<td>1 DE&gt; 05-03 05-03R</td>
<td>11</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2394</td>
<td>IBUPROFEN 400MG TAB 500'S</td>
<td>270 DC 05-03 05-03</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>2399</td>
<td>MVI CAP/TAB</td>
<td>90 DP&gt; 05-03 05-03R</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>2402</td>
<td>TEMPEZEPAM 15MG CAP</td>
<td>30 DF 06-01 06-01</td>
<td>5</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>2392</td>
<td>THIAMINE HCL 100MG TAB</td>
<td>90 DA&gt; 05-03 05-03R</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>2393</td>
<td>WARFARIN 5MG TAB</td>
<td>90 H 05-03 -</td>
<td>3</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>2401</td>
<td>FUROSEMIDE 40MG TAB</td>
<td>90 HF 05-03 -</td>
<td>2</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>2397</td>
<td>BACLOFEN 10MG TAB</td>
<td>30 N 03-14 03-14</td>
<td>5</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>2405</td>
<td>CAPTOPRIL 25MG TAB</td>
<td>QTY: 180 ISDT: 06-12 REF: 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>2406</td>
<td>MULTIVITAMIN CAP/TAB</td>
<td>QTY: 30 ISDT: 06-12 REF: 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GINKO EXT 1 TAB ONCE A DAY BY MOUTH** Date Documented: 01/13/01

Enter ? for more actions

- **PU**: Patient Record Update
- **PI**: Patient Information
- **SO**: Select Order

Select Action: Quit/

Order #4 is highlighted (reverse video) to indicate that it has recently expired.
Orders #5, 7, 10 are highlighted (reverse video) to indicate that they were recently discontinued.

**Hold Type** display codes are shown in **blue**.
**Discontinue Type** display codes are shown in **blue**.
Medication Profile: Long Format

The long format displays all information contained on the short format as well as the following additional fields:

- physician’s name
- fill date
- dates of refills/partial fills
- whether the prescription was filled at the pharmacy window or by mail
- clerk code
- total allowable refills
- which division filled it

The long report format of the fields for Non-VA Med orders include the start date, CPRS order #, status, documented by, order check(s), override reason, override provider, and statement of explanation.

Example: Medication Profile – Long Format

Select PATIENT NAME: OPPATIENT,ONE 8-5-19 666000777 NO NSC VETERAN OPPATIENT,ONE WARNING: ** This patient has been flagged with a Bad Address Indicator. LONG or SHORT: SHORT//LONG Sort by DATE, CLASS or MEDICATION: DATE// <Enter>

All Medications or Selection (A/S): All// <Enter>
DEVICE: HOME// [Select Print Device] GENERIC INCOMING TELNET OPPATIENT,ONE ID#: 0777 (TEMP ADDRESS from AUG 28,2006 till (no end date)) LINE1 DOB: AUG 5,1919 ANYTOWN PHONE: 555-1212 TEXAS 77379 ELIG: NSC CANNOT USE SAFETY CAPS.

WEIGHT(Kg):
HEIGHT(cm):
CrCL: <Not Found>
BSA (m2): ________

DISABILITIES:

ALLERGIES:

ADVERSE REACTIONS:

Enter RETURN to continue or '^' to exit: <Enter>

Outpatient prescriptions are discontinued 72 hours after admission
Example: Medication Profile – Long Format (continued)

Non-VA MEDS (Not Dispensed by VA)
GINKO BILLOBA TAB
Dosage: 1 TABLET
Schedule: ONCE A DAY
Route: MOUTH
Status: Discontinued (10/08/03)
Start Date: 09/03/03    CPRS Order #: 12232
Documented By: OPCLERK21,FOUR on 09/03/03
Statement of Explanation: Non-VA medication not recommended by VA provider.

Example: Medication Profile – Long Format (continued)

ACETAMINPHEN 325MG CT
Dosage: 325MG
Schedule: 
Route: 
Status: Active
Start Date: 09/03/03    CPRS Order #: 12234
Documented By: OPCLERK21,FOUR on 09/03/03
Statement of Explanation: Non-VA medication recommended by VA provider
Patient wants to buy from Non-VA pharmacy

The Intervention menu hidden action has been included in the Patient Information, the Medication Profile and Detailed Order ListMan screens when utilizing the following options:

- Patient Prescription Processing [PSO LM BACKDOOR ORDERS]
- Complete Orders from OERR [PSO LMOE FINISH]
- Edit Prescriptions [PSO RXEDIT]

See “Using the Pharmacy Intervention Menu” for more details.
Clinic Orders

Clinic orders are created via CPRS generally using the Meds Inpatient tab or the IV Fluids tab. Drug orders that have a clinic and an appointment date and time are considered clinic orders. The clinic must be defined with ‘ADMINISTER INPATIENT MEDS?’ prompt answered YES under the SETUP A CLINIC [SDBUILD] option in the Scheduling package. Defining the clinic in this manner ensures that an appointment date and time are defined. Orders placed via backdoor inpatient medications are not considered clinic orders.

MOCHA v1.0 Enhancements 1 adds drug interaction and therapeutic duplication order checks for clinic orders to Outpatient Pharmacy. Previously Inpatient Medications package performed order checks on active, pending, and non-verified clinic orders. With the MOCHA v1.0 Enhancements 1, Inpatient medications will perform enhanced order checks for recently discontinued and expired inpatient medications clinic orders.

For both packages, the system will display clinic orders in a standard format to differentiate them from Inpatient Medications and Outpatient Pharmacy order checks.

Discontinued/expired orders must have a stop date within the last 90 days to be evaluated during enhanced order checks. For pending clinic orders, a variety of start and stop dates are available based on the information that the provider enters during initial order entry. The following are the scenarios that drive which dates will be displayed for the clinic order:

- If there are start/stop dates defined, they are displayed.
- If there are no stop/start dates defined, the ‘requested start/stop dates’ will be displayed with the word “Requested” prior to the start/stop date header.
- If there are no requested start/stop dates defined, the order date will be displayed and the start/stop date headers will be displayed with “********” for the date.
- If there is either a requested start date or a requested stop date, the available date will be displayed and “********” will be displayed for the undefined date.

**Unit Dose Clinic Order Check example:**

```
Now Processing Enhanced order Checks! Please wait...
This patient is receiving the following order(s) that have a CRITICAL Drug Interaction with CIMETIDINE 300 MG:

Clinic Order: PHENYTOIN 100MG CAP (DISCONTINUED)
  Schedule: Q8H
  Dosage: 100MG
  Start Date: FEB 27, 2012@13:00
  Stop Date: FEB 28, 2012@15:22:27

Concurrent use of cimetidine or ranitidine may result in elevated levels of and toxicity from the hydantoin. Neutropenia and thrombocytopenia have been reported with concurrent cimetidine and phenytoin.
```

**IV Clinic Order Check example:**

```
This patient is receiving the following order(s) that have a CRITICAL Drug Interaction with WARFARIN 2MG TAB:
```
Clinic Order: POTASSIUM CHLORIDE 20 MEQ (ACTIVE)
Other Additive(s): MAGNESIUM SULFATE 1 GM (1), CALCIUM GLUCONATE 1 GM (2), HEPARIN 1000 UNITS, CIMETIDINE 300 MG
Solution(s): DEXTROSE 20% 500 ML 125 ml/hr
AMINO ACID SOLUTION 8.5% 500 ML 125 ml/hr
Start Date: APR 05, 2012@15:00
Stop Date: APR 27, 2012@24:00

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Therapeutic Duplication - IV and Unit Dose clinic order therapeutic duplications display in the same format as drug interactions.

**Unit Dose Clinic Order Check example:**

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class(es):

Drug(s) Ordered:
- POTASSIUM CHLORIDE 30 MEQ
  - Clinic Order: POTASSIUM CHLORIDE 10MEQ TAB (PENDING)
    - Schedule: BID
    - Dosage: 20MEQ
    - Requested Start Date: NOV 20, 2012@17:00
    - Stop Date: ********

Class(es) Involved in Therapeutic Duplication(s): Potassium

**IV Order Check example:**

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class(es):

Drug(s) Ordered:
- CEFAZOLIN 1 GM
  - Clinic Order: CEFAZOLIN 2 GM (PENDING)
    - Solution(s): 5% DEXTROSE 50 ML
    - Order Date: NOV 20, 2012@11:01
    - Start Date: ********
    - Stop Date: ********

  - Clinic Order: CEFAZOLIN SOD 1GM INJ (EXPIRED)
    - Solution(s): 5% DEXTROSE 50 ML
    - Start Date: OCT 24, 2012@16:44
    - Stop Date: OCT 25, 2012@24:00

Class(es) Involved in Therapeutic Duplication(s): Beta-Lactams, Cephalosporins, Cephalosporins - 1st Generation
Duplicate Drug Order Check

The Duplicate Drug order check is performed against active, pending, non-verified, orders on hold (initiated through pharmacy or CPRS), expired and discontinued orders. The timeframe for inclusion of expired and discontinued orders is determined by the display rules on the medication profile. This check will be performed on active Non-VA Medication orders.

Users have the capability to discontinue duplicate orders. The existing order will only be discontinued upon acceptance of the order being processed. No discontinue actions can be performed on remote outpatient orders, Non-VA medications, discontinued, and expired orders or orders placed on provider hold through CPRS. If the DRUG CHECK FOR CLERK outpatient site parameter is set to ‘No’, no discontinue action is allowed for a clerk on a duplicate drug check. If a medication order is being entered through the pharmacy backdoor options it will be deleted. If finishing a pending order, the user will be forced to discontinue it.

Any remote Outpatient order (from another VAMC or Department of Defense (DoD) facility) using data from Health Data Repository Historical (HDR-Hx) or Health Data Repository- Interim Messaging Solution (HDR-IMS) that has been expired for 30 days or less will be included in the list of medications to be checked.

The Duplicate Drug warning displays the following information for a local or remote outpatient medication order:

Local Rx
Duplicate Drug in Local Rx:

<table>
<thead>
<tr>
<th>Rx #:</th>
<th>2608</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug:</td>
<td>ASPIRIN 81MG EC TAB</td>
</tr>
<tr>
<td>SIG:</td>
<td>TAKE ONE TABLET BY MOUTH EVERY MORNING</td>
</tr>
<tr>
<td>QTY:</td>
<td>30</td>
</tr>
<tr>
<td>Refills remaining:</td>
<td>11</td>
</tr>
<tr>
<td>Provider:</td>
<td>PSOPROVIDER,TEN</td>
</tr>
<tr>
<td>Issued:</td>
<td>03/24/08</td>
</tr>
<tr>
<td>Status:</td>
<td>Active</td>
</tr>
<tr>
<td>Last filled on:</td>
<td>03/24/08</td>
</tr>
<tr>
<td>Processing Status:</td>
<td>Released locally on 3/24/08@08:55:32 (Window)</td>
</tr>
<tr>
<td>Days Supply:</td>
<td>30</td>
</tr>
</tbody>
</table>

Remote Rx
Duplicate Drug in Remote Rx:

| LOCATION NAME: | <NAME OF FACILITY> |
| Rx #:   | 2608                       |
| Drug:   | ASPIRIN 81MG EC TAB        |
| SIG:    | TAKE ONE TABLET BY MOUTH EVERY MORNING |
| QTY:    | 30                         |
| Refills remaining: | 11                        |
| Provider: | PSOPROVIDER,TEN            |
| Issued:  | 03/24/08                   |
| Status:  | Active                     |
| Last filled on: | 03/24/08               |
| Days Supply: | 30                       |
Duplicate Drug order check for Pending Orders:

**Pending Order**

DUPLICATE DRUG in a Pending Order for:

- **Drug:** ALLOPURINOL 300MG TAB
- **SIG:** TAKE ONE TABLET BY MOUTH EVERY MORNING
- **QTY:** 180
- **# of Refills:** 3
- **Provider:** PSOPROVIDER,TEN
- **Issue Date:** 03/24/08@14:44:15
- **Provider Comments:** <only if data present>

Duplicate Drug order check for Non-Va Medications

**Non-VA Med Order**

Duplicate Drug in a Non-VA Med Order for

- **Drug:** CIMETIDINE 300MG TAB
- **Dosage:** 300MG
- **Schedule:** AT BEDTIME
- **Medication Route:** MOUTH
- **Start Date:** <NOT ENTERED>
- **CPRS Order #:** 13554
- **Documented By:** PSOPROVIDER,TEN on Mar 24, 2008@14:44:15

Duplicate Drug Order Check business rules:

a. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, the system will not prompt a clerk (no PSORPH key) to discontinue the order when a Duplicate Drug order check occurs.

b. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, and a new order is being entered by a clerk (no PSORPH key) via the pharmacy backdoor, the order being processed will be deleted by the system immediately after the duplicate drug warning is displayed.

c. If the duplicate drug is a remote order, the system will allow the clerk to process the new order after the display of the duplicate drug warning.

d. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, and a clerk (no PSORPH key) is finishing a pending order:

   d1. When the VERIFICATION outpatient site parameter is set to YES and the duplicate drug is a local order, the system will return the user back to the detailed order ListMan display with the available actions of Accept/Edit/Discontinue.

   d2. When the VERIFICATION outpatient site parameter is set to YES and the duplicate drug is a remote order

      d2a. A duplicate drug warning will be displayed

      d2b. The clerk will be allowed to finish the order

      d2c. The finished order will have a status of non-verified

   d3. When the VERIFICATION outpatient site parameter is set to NO, the clerk will not be allowed to finish the order.

   d4. If the DRUG CHECK FOR CLERK outpatient site parameter is set to Yes, a clerk (no PSORPH key) will see the same discontinue prompts as a pharmacist.
Duplicate Drug in Local Rx:

Rx #: 2605A
Drug: ASPIRIN 325MG EC TAB
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
QTY: 60
Refills remaining: 11
Provider: PSOPROVIDER,TEN
Issued: 03/24/08
Status: Discontinued (Edit)
Last filled on: 03/24/08
Processing Status: Released locally on 3/24/08@08:55:32 (Window)
Days Supply: 30

-------------------------------------------------------------------------------

Pending OP Orders (ROUTINE)   Mar 24, 2008@14:35:21          Page:    1 of    3
PSOPATIENT,FOUR                                 <NO ALLERGY ASSESSMENT>
PID: 000-00-0000                                 Ht(cm): 168.91 (04/11/2006)
DOB: MAY 20,1966 (41)                            Wt(kg): 68.18 (09/06/2006)
CPRS Order Checks:
Duplicate drug order: ASPIRIN TAB,EC 81MG TAKE ONE TABLET BY MOUTH EVERY MORNING [ACTIVE]
Overriding Provider: PSOPROVIDER,TEN
Overriding Reason: TESTING

Duplicate drug class order:(ASPIRIN TAB,EC 325MG TAKE ONE TABLET BY MOUTH EVERY MORNING [UNRELEASED])
Overriding Provider: PSOPROVIDER,TEN
Overriding Reason: TESTING

*(1) Orderable Item: ASPIRIN TAB,EC
(2) Drug: ASPIRIN 81MG EC TAB
(3) *Dosage: 81 (MG)
+ Enter ?? for more actions

ED (Edit)    FN Finish

ED (Edit)                              FN  Finish
Select Item(s): Next Screen// FN   Finish

-------------------------------------------------------------------------------

Pending OP Orders (ROUTINE)   Mar 24, 2008@14:35:25          Page:    1 of    3
PSOPATIENT,FOUR                                 <NO ALLERGY ASSESSMENT>
PID: 000-00-0000                                 Ht(cm): 168.91 (04/11/2006)
DOB: MAY 20,1966 (41)                            Wt(kg): 68.18 (09/06/2006)
CPRS Order Checks:
Duplicate drug order: ASPIRIN TAB,EC 81MG TAKE ONE TABLET BY MOUTH EVERY MORNING [ACTIVE]
Overriding Provider: PSOPROVIDER,TEN
Overriding Reason: TESTING
Duplicate drug class order: NON-OPIOID ANALGESICS (ASPIRIN TAB, EC 325MG TAKE ONE TABLET BY MOUTH EVERY MORNING [UNRELEASED])

Overriding Provider: PSOPROVIDER,TEN

Overriding Reason: TESTING

*(1) Orderable Item: ASPIRIN TAB, EC
(2) Drug: ASPIRIN 81MG EC TAB
(3) *Dosage: 81 (MG)

Enter ?? for more actions

AC Accept                 ED Edit                   DC Discontinue
Select Item(s): Next Screen// DC Discontinue

Nature of Order: SERVICE CORRECTION//

Requesting PROVIDER: PSOPROVIDER,TEN//

Comments: Per Pharmacy Request Replace

Press Return to:

PI  Patient Information                 SO  Select Order
PU  Patient Record Update               NO  New Order
PI  Patient Information                 SO  Select Order
Select Action: Quit// 2

Medication Profile Mar 24, 2008@14:36:28 Page: 1 of 1
PSOPATIENT,FOUR <NO ALLERGY ASSESSMENT>
PID: 000-00-0000 Ht(cm): 168.91 (04/11/2006)
DOB: MAY 20,1966 (41) Wt(kg): 68.18 (09/06/2006)
SEX: MALE
CrCL: 102.4(est.) (CREAT:1.0mg/dL 10/30/12) BSA (m2): 1.78

#  RX #         DRUG                                 QTY ST  DATE  FILL REM SUP
-------------------------------------ACTIVE-------------------------------------
1 2608          ASPIRIN 81MG EC TAB                   30 A  03-24 03-24  11  30

----------------------------------NON-VERIFIED----------------------------------
2 2609          ASPIRIN 325MG EC TAB                  30 N  03-24 03-24   5  30.

Duplicate with Non-VA Med – No Action Required

DRUG: CIMETIDINE

Lookup: GENERIC NAME
1  CIMETIDINE 100MG TAB GA301
2  CIMETIDINE 200MG TAB GA301
3  CIMETIDINE 300MG TAB GA301 90 DAY SUPPLY
4  CIMETIDINE 400MG TAB GA301
5  CIMETIDINE 800MG TAB GA301

CHOOSE 1-5: 3 CIMETIDINE 300MG TAB GA301 90 DAY SUPPLY

Duplicate Drug in a Non-VA Med Order for

Drug: CIMETIDINE 300MG TAB
Dosage: 300MG
Schedule: AT BEDTIME
Medication Route: MOUTH
Start Date:                  CPRS Order #: 13554
Documented By: PSOPROVIDER,TEN on Mar 24, 2008@14:44:15

Press Return to Continue:

VERB: TAKE
Available Dosage(s)
1. 300MG
2. 600MG
Entering a New Order

If a double question mark (??) is entered at the “Select Action” prompt, the following hidden actions will display in the action area. Actions that apply only to outpatient orders are followed by (OP).

The following actions are also available:

- RP  Reprint (OP)
- RN  Renew (OP)
- DC  Discontinue (OP)
- RL  Release (OP)
- RF  Refill (OP)
- PP  Pull Rx (OP)
- IP  Inpat. Profile (OP)
- RS  Reprint Sig Log
- CM  Manual Queue to CMOP
- OTH Other OP Actions
- DN  Down a Line
- RD  Re Display Screen
- PT  Print List
- PL  Print Screen
- >  Shift View to Right
- <  Shift View to Left
- ADPL Auto Display(On/Off)
- SL  Search List
- CK  Check Interactions
- DR  Display Remote
- UP  Up a Line
- RD  Re Display Screen
- LS  Last Screen
- GO  Go to Page
- +  Next Screen
- PS  Print Screen
- RD  Re Display Screen
- IN  Intervention Menu
- QU  Quit

First, a patient is selected.

Example: Entering a New Order

Select Pharmacy Technician’s Menu Option: PATient Prescription Processing
Select PATIENT NAME: OPPATIENT16,ONE 4-3-41 000246802 YES   SC   VETERAN
Patient is enrolled to receive ScripTalk ‘talking’ prescription labels.
Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED//

[Patient Information Screen skipped]

If RDI is active and a patient has prescriptions at another location, when the user selects the patient to enter a new order from Patient Prescription Processing, the following message appears.

REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//

If the user responds NO, then the normal procedure occurs for entering prescriptions. If the user responds YES, the “Remote Facilities Visited” screen appears. See the Displaying a Patient’s Remote Prescriptions section later in Entering a New Order for more details.

Although “Quit” is the default at the “Select Action” prompt shown on the Patient Information screen, <Enter> at this prompt quits the screen and displays the Medication Profile. This Medication Profile includes any Non-VA Med orders documented via the CPRS GUI package.
Typing in the letters “NO” at the “Select Action” prompt creates a new order.

**Example: Entering a New Order (continued)**

```
Medication Profile Mar 29, 2011@14:34:27 Page: 1 of 1
(Patient information is displayed here.)

Enter ?? for more actions
PU Patient Record Update NO New Order
PI Patient Information SO Select Order
Select Action: Quit// NO New Order

Eligibility:
RX PATIENT STATUS: SC LESS THAN 50%
DRUG: ACETAMINOPHEN
Lookup: GENERIC NAME
  1 ACETAMINOPHEN 160MG/5ML LIQUID CN103 NATL FORM; 480M
  2 ACETAMINOPHEN 325MG TAB CN103 NATL FORM; DU:
     INCREMEN
TS OF 100 ONLY *** AUTOMED & SCRIPTPRO ***
  3 ACETAMINOPHEN 325MG/BUTALBITAL 50MG TAB CN103 N/F
N
ATL N/F
  4 ACETAMINOPHEN 500MG TAB CN103 NATL FORM; DU:
     INCREMEN
TS OF 100 ONLY*** AUTOMED & SCRIPTPRO ***
  5 ACETAMINOPHEN 650MG RTL SUPP CN103 NATL FORM (IEN)
CHOOSE 1-5: 5 ACETAMINOPHEN 650MG RTL SUPP CN103 NATL FORM (IEN)
)
Now doing allergy checks. Please wait...
Now Processing Enhanced Order Checks! Please wait...
Press return to continue:
```

```
Duplicate with Non-VA Med – No Action Required

DRUG: CIMETIDINE
Lookup: GENERIC NAME
1  CIMETIDINE 100MG TAB GA301
2  CIMETIDINE 200MG TAB GA301
3  CIMETIDINE 300MG TAB GA301  90 DAY SUPPLY
4  CIMETIDINE 400MG TAB GA301
5  CIMETIDINE 800MG TAB GA301
CHOOSE 1-5: 3  CIMETIDINE 300MG TAB GA301  90 DAY SUPPLY

Duplicate Drug in a Non-VA Med Order for

Drug: CIMETIDINE 300MG TAB
Dosage: 300MG
Schedule: AT BEDTIME
Medication Route: MOUTH
Start Date:                  CPRS Order #: 13554
Documented By: PSOPROVIDER,TEN on Mar 24, 2008@14:44:15

Press Return to Continue:

VERB: TAKE
Available Dosage(s)
1. 300MG
2. 600MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 300MG

You entered 300MG is this correct? Yes//

Duplicate Drug with Pending Order

Another New Order for PSOPATIENT,FOUR? YES//

Eligibility: SERVICE CONNECTED 50% to 100%     SC%: 100
RX PATIENT STATUS: OPT NSC//
DRUG: ALLOPURINOL
Lookup: GENERIC NAME
1  ALLOPURINOL 100MG TAB MS400
2  ALLOPURINOL 300MG TAB MS400
CHOOSE 1-2: 2  ALLOPURINOL 300MG TAB MS400
DUPLICATE DRUG in a Pending Order for:

Drugs: ALLOPURINOL 300MG TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
QTY: 180 # of Refills: 3
Provider: PSOPROVIDER,TEN Issue Date: 03/24/08@14:44:15

Pending Order for ALLOPURINOL 300MG will be discontinued after the acceptance of the new order.

VERB: TAKE
Available Dosage(s)
1. 300MG
2. 600MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 300MG

You entered 300MG is this correct? Yes// YES

VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 300MG

NOUN: TABLET
ROUTE: PO// ORAL PO MOUTH
Schedule: QAM// (EVERY MORNING)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
PATIENT INSTRUCTIONS:
(TAKE ONE TABLET BY MOUTH EVERY MORNING)

DAYS SUPPLY: (1-90): 30//
QTY ( TAB ) : 30// 30
COPIES: 1// 1
# OF REFILLS: (0-11): 11//
PROVIDER: PSOPROVIDER,TEN
CLINIC:
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
REMARKS:
ISSUE DATE: TODAY// (MAR 24, 2008)
Nature of Order: WRITTEN// W
Rx # 2610 03/24/08
PSOPATIENT,FOUR #30
TAKE ONE TABLET BY MOUTH EVERY MORNING

ALLOPURINOL 300MG TAB
PSOPROVIDER,TEN PSOPHARMACIST,ONE
# of Refills: 11

SC Percent: 100%
Disabilities: NONE STATED

Was treatment for a Service Connected condition? y YES
Is this correct? YES//

- Duplicate Drug Pending Order for ALLOPURINOL 300MG has been discontinued...
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR

CHOOSE 1-5: 1 DILTIAZEM (DILACOR XR) 240MG SA CAP CV200 N/F This drug will not be processed without Drug Request Form 10-7144

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: DILTIAZEM (DILACOR XR) 240MG SA CAP
Causative Agent: DILTIAZEM
Historical/Observed: OBSERVED
Severity: MODERATE
Ingredients: DILTIAZEM (REMOTE(SITE(S)),
Signs/Symptoms: ITCHING, WATERING EYES, ANOREXIA, NAUSEA, VOMITING, ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,
Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (REMOTE(SITE(S)),
Provider Override Reason: N/A - Order Entered Through VistA

Do you want to Intervene? Y// NO

VERB: TAKE
Available Dosage(s)
  1. 240MG
  2. 480MG

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list:
.
.
 OR

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention for DILTIAZEM (DILACOR XR) 240MG SA CAP

PROVIDER: PSOPROVIDER, THREE TPP 119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention? N// O

VERB: TAKE
Available Dosage(s)
  1. 240MG
  2. 480MG

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list:
.
.

Local Allergy/ADR – New Order Entry Backdoor - Only Drug Class defined.

Another New Order for PSOPATIENT, TEN? YES//

Eligibility: NSC
RX PATIENT STATUS: OPT NSC//
DRUG: SEPTRA
  Lookup: GENERIC NAME
SEPTRA DS TAB AM650
...OK? Yes// (Yes)

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!
Prospective Drug: SEPTRA DS TAB
Causative Agent: SULFADIAZINE/SULFAMERAZINE/SULFAMETHAZINE
Historical/Observed: HISTORICAL
Severity: Not Entered
Signs/Symptoms: ITCHING, WATERING EYES, ANOREXIA, NAUSEA, VOMITING, ANXIETY, DROWSINESS,
Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL),
Provider Override Reason: N/A - Order Entered Through VistA

Do you want to Intervene? Y/ES
Now creating Pharmacy Intervention for SEPTRA DS TAB

PROVIDER: PSOPROVIDER, FOUR FPP 119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention? N/0
Available Dosage(s)
1. 1 TABLET
2. 2 TABLETS

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list: 1 TABLET

You entered 1 TABLET is this correct? Y/YES
VERB: TAKE
ROUTE: PO/ ORAL PO MOUTH
Schedule: BID (TWICE A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):

Local & Remote Allergy/ADR – Multi-ingredients, Pending Order

ED Edit FN Finish
Select Item(s): Next Screen// NEXT SCREEN

Pending OP Orders (ROUTINE) Mar 24, 2008@21:56:03 Page: 2 of 3
PSOPATIENT, THREE
FID: 000-00-0000
DOB: FEB 2, 1939 (69)
Ht(cm): 167.64 (06/10/1993)
Wt(kg): 68.18 (06/10/1993)
+

*(1) Orderable Item: SULFAMETHOXAZOLE/TRIMETHOPRIM TAB
(2) Drug: SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB
Verb: TAKE
(3) *Dosage: 1 TABLET
*Route: ORAL
*Schedule: Q12H
(4) Pat Instruct:

Provider Comments:
Instructions: TAKE 1 TABLET PO Q12H
SIG: TAKE 1 TABLET BY MOUTH EVERY 12 HOURS
(5) Patient Status: OPT NSC
(6) Issue Date: MAR 24, 2008 (7) Fill Date: MAR 24, 2008
Enter ?? for more actions

BY Bypass DC Discontinue
ED Edit FN Finish
Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

- **Prospective Drug:** SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB
- **Causative Agent:** SULPADIAZINE/SULFAMERAZINE/SULFAMETHAZINE
- **Historical/Observed:** HISTORICAL
  - **Severity:** Not Entered
  - **Ingredients:** SULFAMETHOXAZOLE (LOCAL), TRIMETHOPRIM (LOCAL AND REMOTE(S))
  - **Signs/Symptoms:** ITCHING, WATERING EYES, ANOREXIA, NAUSEA, VOMITING, ANXIETY, DROWSINESS,
  - **Drug Class:** AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL AND REMOTE(S)),
- **Provider Override Reason:** N/A - Order Entered Through VistA

Do you want to Intervene? Y//ES

Now creating Pharmacy Intervention
for SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

- **PROVIDER:** PSOPROVIDER, 11 PP 119
- **RECOMMENDATION:** NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
Pat Instruction:
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY

Days Supply: 90
QTY (TAB): 180
# of Refills: 3
Routing: WINDOW

This change will create a new prescription!

Select Action: Next Screen // ac Accept
Nature of Order: SERVICE CORRECTION // S
WAS THE PATIENT COUNSELED: NO // NO

Do you want to enter a Progress Note? No // NO

Rx # 2595 03/12/08
PSOPATIENT,ONE #180
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY

DIPYRIDAMOLE 25MG TAB
PSOPROVIDER,ONE PSOPHARMACIST,ONE

# of Refills: 3

The Pharmacy Orderable Item has changed for this order. Please review any existing SC or Environmental Indicator defaults carefully for appropriateness.

SC Percent: 80%
Disabilities: NONE STATED

Was treatment for a Service Connected condition? YES //... Is this correct? YES // ...

Example: Cancel drug in same class parameter set to No

PSOPATIENT,ONE PID: 666-00-0000 DOB: JAN 1,1910 (98) SEX: FEMALE
DOB: JAN 1,1910 (98)
CrCL: <Not Found>

PSOPATIENT,ONE

Non-VA Meds on File

Last entry on 03/03/08

BAS (m2): ____________

ISSUE LAST REF DAY

# RX # DRUG QTY ST DATE FILL REM SUP

-------------------------------------ACTIVE----------------------------------
1 2562 AMINOPHYLLINE 200MG TAB 360 A 03-04 03-04 3 90
2 2567 CAPTOPRIL 12.5MG TAB 180 A 03-06 03-06 3 90
3 2563 CISAPRIDE 10MG 90 A 03-06 03-06 3 90
4 2568 DIGOXIN 0.125MG 30 A 03-06 03-06 3 90
5 2550 IBUPROFEN 600MG TAB 270 A 03-06 03-06 3 90
6 2560 WARFARIN 5MG TAB 90 A 03-04 03-04 3 90

----------------------------------DISCONTINUED-----------------------------
7 2561 CIMETIDINE 300MG TAB 90 DC 03-04 03-04 3 90

--------------------------------------HOLD-----------------------------

+ Enter ?? for more actions

PU Patient Record Update NO New Order
PI Patient Information SO Select Order

Select Action: Next Screen // NO New Order

Eligibility: SERVICE CONNECTED 50% to 100% SC%: 80

RX PATIENT STATUS: SC //
DRUG: NIZATIDINE
Lookup: GENERIC NAME
NIZATIDINE 150MG CAP GA301

...OK? Yes // (Yes)
*** THERAPEUTIC DUPLICATION(S) *** NIZATIDINE 150MG CAP with

Local Rx #2561 (ACTIVE) for CIMETIDINE 300MG TAB

Local Rx #2572 (PROVIDER HOLD) for SUCCRALFATE 1MG TAB

Remote Rx #2571 (DISCONTINUED) for RANITIDINE HCL 150MG TAB

Pending Order FAMOTIDINE 20MG TAB

Non-VA Med Order for CIMETIDINE 300MG TAB

Class(es) Involved in Therapeutic Duplication(s): PEPTIC ULCER AGENTS, HISTAMINE-2 RECEPTOR ANTAGONISTS (H2 ANTAGONISTS)

*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

Local RX#: 2586A

Drug: CIMETIDINE 300MG TAB (DISCONTINUED)

SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME

QTY: 90 Days Supply: 30

Processing Status: Released locally on 3/12/08@08:55:32 (Window)

Last Filled On: 03/12/08

-------------------------------------------------------------------------------

*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

Local RX#: 2710

Drug: RANITIDINE HCL 150MG TAB (ACTIVE)

SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY

QTY: 60 Days Supply: 30

Processing Status: Released locally on 6/1/09@08:55:32 (Window)

Last Filled On: 06/01/09

-------------------------------------------------------------------------------

Press Return to Continue:
Example: Entering a New Order for ePharmacy Billing (continued)

DAYS SUPPLY: (1-90): 30// <Enter>
QTY ( TAB ): 30// <Enter> 30
COPIES: 1// <Enter> 1
# OF REFILLS: (0-5): 5// <Enter>
PROVIDER: OPPROVIDER4, TWO
CLINIC: <Enter>
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
REMARKS: <Enter>
ISSUE DATE: TODAY// <Enter> (NOV 02, 2005)
Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// YES
WAS COUNSELING UNDERSTOOD: NO// YES

Do you want to enter a Progress Note? No// <Enter> NO

Rx # 100003840 11/02/05
OPPATIENT, FOUR #30
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD

PREDNISONE 5MG TAB
OPPROVIDER4, TWO OPPHARMACIST4, THREE
# of Refills: 5

Is this correct? YES// <Enter> YES

Prescription 100003840 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Gathering claim info
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E PAYABLE

Another New Order for OPPATIENT, FOUR? YES// NO
----------------------------------------------------------example continues----------------------------------------------------------
### View of RX:

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>Nov 02, 200507:33:29</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPATIENT, FOUR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: 000-01-1322P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: JAN 13, 1922 (83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX: MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CrCL: &lt;Not Found&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSA (m2): ___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>RX #</th>
<th>DRUG</th>
<th>QTY</th>
<th>ST</th>
<th>DATE</th>
<th>FILL</th>
<th>REM</th>
<th>SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100003840e</td>
<td>PREDNISONE 5MG TAB</td>
<td>30</td>
<td>A&gt;</td>
<td>11-02</td>
<td>11-02</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

Denotes ePharmacy Rx

Enter ?? for more actions

PU Patient Record Update NO New Order
PI Patient Information  SO Select Order
Select Action: Quit//
Example: Changed NDC:

Or Modified NDC

Select ePharmacy Menu Option: NDC Validation

WAND BARCODE or enter Rx#:

Rx: 102009    Fill: 0     Patient: OPPATIENT,ONE
Drug: BIPERIDEN 2MG TAB     NDC: 00044-0120-04

** This NDC has not been validated.

PRODUCT NDC: 00044-0120-04// 00044-0120-05 00044-0120-05

Prescription 102009 successfully submitted to ECME for claim generation.

Claim Status:
Reversing and Rebilling a previously submitted claim...
IN PROGRESS-Waiting to start
IN PROGRESS-Building the transaction
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E REVERSAL ACCEPTED
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E PAYABLE

NDC match confirmed.

WAND BARCODE or enter Rx#: 


Using the Copy Action

If a double question mark (??) is entered at the “Select Action” prompt, the hidden actions on the following page will display in the action area.

<table>
<thead>
<tr>
<th>The following actions are also available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
</tr>
<tr>
<td>VF</td>
</tr>
<tr>
<td>CO</td>
</tr>
<tr>
<td>RP</td>
</tr>
<tr>
<td>HD</td>
</tr>
<tr>
<td>UH</td>
</tr>
<tr>
<td>PI</td>
</tr>
<tr>
<td>PP</td>
</tr>
<tr>
<td>IP</td>
</tr>
<tr>
<td>OTH</td>
</tr>
</tbody>
</table>

Use the Copy action to make a duplicate order. Any field of the newly created order can be edited. The original order will remain active, but the duplicate order check will be processed before the new order can be accepted.
Example: Using the Copy Action (continued)

<table>
<thead>
<tr>
<th>Nature of Order Activity</th>
<th>Require E.Signature</th>
<th>Print Chart Copy</th>
<th>Print on Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITTEN</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>VERBAL</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>TELEPHONED</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>SERVICE CORRECTION</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>POLICY</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>DUPLICATE</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>SERVICE REJECT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// <Enter> NO

Do you want to enter a Progress Note? No// <Enter> NO

Rx # 503919 06/12/01
OPPATIENT16,ONE #60
TAKE ONE TABLET BY MOUTH TWICE A DAY

NADOLOL 40MG TAB
OPPROVIDER4,TWO OPPHARMACIST4,THREE
# of Refills: 11

Is this correct? YES// <Enter>...
-Rx 503916 has been discontinued...

SC Percent: 20%
Disabilities:
KNEE CONDITION 10% - SERVICE CONNECTED
TRAUMATIC ARTHRITIS 10% - SERVICE CONNECTED
TRAUMATIC ARTHRITIS 0% - SERVICE CONNECTED
SEPTUM, NASAL, DEVIATION OF RESIDUALS OF FOOT INJURY 0% - SERVICE CONNECTED

Was treatment for Service Connected condition? NO

The Medication Profile screen is redisplayed at this point. Note that the orders tagged for patient copay charges have a dollar sign ($) after the RX #.
Copying an ePharmacy Order

When copying an ePharmacy order, upon acceptance of the copied order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription.
**View of RX:**

| Medication Profile | Nov 04, 2005 25:14 | Page: 1 of 1 |

**OPPATIENT, FOUR**

<table>
<thead>
<tr>
<th>PID: 000-01-1322P</th>
<th>Ht(cm): ______ (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: JAN 13,1922 (83)</td>
<td>Wt(kg): ______ (______)</td>
</tr>
<tr>
<td>SEX: MALE</td>
<td></td>
</tr>
<tr>
<td>CrCl: &lt;Not Found&gt;</td>
<td>BSA (m2):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># RX #</th>
<th>DRUG</th>
<th>QTY ST</th>
<th>DATE</th>
<th>FILL REM SUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100003853e PREDNISONE 5MG TAB</td>
<td>30 A&gt; 11-04 11-04 5 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions

**PU** Patient Record Update
**PI** Patient Information
**SO** Select Order

Select Action: Quit//
Holding and Unholding a Prescription

If a double question mark (??) is entered at the “Select Action” prompt, the hidden actions on the following page will display in the action area.

The following actions are also available:

<table>
<thead>
<tr>
<th>AL</th>
<th>Activity Logs (OP)</th>
<th>REJ</th>
<th>View REJECT</th>
<th>FS</th>
<th>First Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>VF</td>
<td>Verify (OP)</td>
<td>IN</td>
<td>Intervention Menu</td>
<td>GO</td>
<td>Go to Page</td>
</tr>
<tr>
<td>CO</td>
<td>Copy (OP)</td>
<td>DA</td>
<td>Display Drug Allergies</td>
<td>LS</td>
<td>Last Screen</td>
</tr>
<tr>
<td>RP</td>
<td>Reprint (OP)</td>
<td>DIN</td>
<td>Drug Restr/Guide (OP)</td>
<td>PS</td>
<td>Print Screen</td>
</tr>
<tr>
<td>HD</td>
<td>Hold (OP)</td>
<td>+</td>
<td>Next Screen</td>
<td>PT</td>
<td>Print List</td>
</tr>
<tr>
<td>UH</td>
<td>Unhold (OP)</td>
<td>-</td>
<td>Previous Screen</td>
<td>QU</td>
<td>Quit</td>
</tr>
<tr>
<td>PI</td>
<td>Patient Information</td>
<td>&lt;</td>
<td>Shift View to Left</td>
<td>RD</td>
<td>Re Display Screen</td>
</tr>
<tr>
<td>PP</td>
<td>Pull Rx (OP)</td>
<td>&gt;</td>
<td>Shift View to Right</td>
<td>SL</td>
<td>Search List</td>
</tr>
<tr>
<td>IP</td>
<td>Inpat. Profile (OP)</td>
<td>ADPL</td>
<td>Auto Display(On/Off)</td>
<td>UP</td>
<td>Up a Line</td>
</tr>
<tr>
<td>OTH</td>
<td>Other OP Actions</td>
<td>DN</td>
<td>Down a Line</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use the Hold (HD) action to put a prescription on hold. Use the Unhold (UH) action to remove a prescription from hold.

Only key holders of the PSORPH security key or the PSO TECH ADV security key can hold or unhold a prescription.

PSORPH security key holders are allowed to put a prescription on hold using the following HOLD reasons:

1 INSUFFICIENT QTY IN STOCK
2 DRUG-DRUG INTERACTION
4 PROVIDER TO BE CONTACTED
6 ADVERSE DRUG REACTION
7 BAD ADDRESS
8 PER PATIENT REQUEST
9 CONSULT/PRIOR APPROVAL NEEDED
98 OTHER/TECH (NON-CLINICAL)
99 OTHER/RPH (CLINICAL)

Note: HOLD reasons 98 and 99 require the user to enter a HOLD comment.

PSO TECH ADV security key holders are allowed to put a prescription on hold using the following HOLD reasons:

1 INSUFFICIENT QTY IN STOCK
7 BAD ADDRESS
8 PER PATIENT REQUEST
98 OTHER/TECH (NON-CLINICAL)

Note: HOLD reason 98 requires the user to enter a HOLD comment.

While PSORPH security key holders are allowed to remove a prescription from HOLD under any HOLD reason, PSO TECH ADV security key holders are only allowed to remove a prescription from HOLD under the above HOLD reasons (reasons 1, 7, 8, and 98).
Example: HOLD with PSORPH Security Key or PSO TECH ADV Security Key

<table>
<thead>
<tr>
<th>OP Medications (SUSPENDED)</th>
<th>May 11, 2012@10:12:56</th>
<th>Page: 1 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGPATNM,M</td>
<td>&lt;A&gt;</td>
<td></td>
</tr>
<tr>
<td>PID: 666-00-0286</td>
<td>Ht(cm): ______ (______)</td>
<td></td>
</tr>
<tr>
<td>DOB: DEC 1,1900</td>
<td>Wt(kg): ______ (______)</td>
<td></td>
</tr>
<tr>
<td>Rx #: 100002926</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) *Orderable Item: FLUOXETINE CAP, ORAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) CMOP Drug: EFFEXOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) *Dosage: 10 (MG)</td>
<td>Verb: TAKE</td>
<td></td>
</tr>
<tr>
<td>Dispense Units: 1</td>
<td>Noun: CAPSULE</td>
<td></td>
</tr>
<tr>
<td>*Route: ORAL</td>
<td>*Schedule: QAM</td>
<td></td>
</tr>
<tr>
<td>Verb: TAKE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Pat Instructions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIG: TAKE ONE CAPSULE MOUTH EVERY MORNING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Patient Status: OPT NSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue Date: 02/14/12</td>
<td>Fill Date: 05/09/12</td>
<td></td>
</tr>
<tr>
<td>Last Fill Date: 05/29/12 (Mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Enter ?? for more actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC Discontinue</td>
<td>PR Partial</td>
<td></td>
</tr>
<tr>
<td>ED Edit</td>
<td>RF (Refill)</td>
<td></td>
</tr>
<tr>
<td>Select Action: Next Screen//</td>
<td>HD HD</td>
<td></td>
</tr>
<tr>
<td>Nature of Order: WRITTEN//</td>
<td>W</td>
<td></td>
</tr>
</tbody>
</table>

If the user has the PSORPH security key, the following HOLD reasons are available:

HOLD REASON: ?

Enter reason medication is placed in a 'Hold' status.
Choose from:
1. INSUFFICIENT QTY IN STOCK
2. DRUG-DRUG INTERACTION
4. PROVIDER TO BE CONTACTED
6. ADVERSE DRUG REACTION
7. BAD ADDRESS
8. PER PATIENT REQUEST
9. CONSULT/PRIOR APPROVAL NEEDED
98. OTHER/TECH (NON-CLINICAL)
99. OTHER/RPH (CLINICAL)

If the user has the PSO TECH ADV security key, the following HOLD reasons are available:

HOLD REASON: ?

Enter reason medication is placed in a 'Hold' status.
Choose from:
1. INSUFFICIENT QTY IN STOCK
7. BAD ADDRESS
8. PER PATIENT REQUEST
98. OTHER/TECH (NON-CLINICAL)
The same conditions apply for Unholding a prescription. Users with the PSORPH security key can unhold for the following reason:

<table>
<thead>
<tr>
<th></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INSUFFICIENT QTY IN STOCK</td>
</tr>
<tr>
<td>2</td>
<td>DRUG-DRUG INTERACTION</td>
</tr>
<tr>
<td>4</td>
<td>PROVIDER TO BE CONTACTED</td>
</tr>
<tr>
<td>6</td>
<td>ADVERSE DRUG REACTION</td>
</tr>
<tr>
<td>7</td>
<td>BAD ADDRESS</td>
</tr>
<tr>
<td>8</td>
<td>PER PATIENT REQUEST</td>
</tr>
<tr>
<td>9</td>
<td>CONSULT/PRIOR APPROVAL NEEDED</td>
</tr>
<tr>
<td>98</td>
<td>OTHER/TECH (NON-CLINICAL)</td>
</tr>
<tr>
<td>99</td>
<td>OTHER/RPH (CLINICAL)</td>
</tr>
</tbody>
</table>

Users with only the PSO TECH ADV security key can unhold for the following reasons:

<table>
<thead>
<tr>
<th></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INSUFFICIENT QTY IN STOCK</td>
</tr>
<tr>
<td>7</td>
<td>BAD ADDRESS</td>
</tr>
<tr>
<td>8</td>
<td>PER PATIENT REQUEST</td>
</tr>
<tr>
<td>98</td>
<td>OTHER/TECH (NON-CLINICAL)</td>
</tr>
</tbody>
</table>

Note: If a user does not have a PSORPH security key and tries to unhold a prescription, the message “The HOLD can only be removed by a pharmacist” is displayed.

Each time a user holds or unholds a prescription, an entry is created in the Activity Log. These entries include HOLD COMMENTS and the HOLD REASON when a prescription is placed on HOLD and UNHOLD COMMENTS when the prescription is removed from HOLD. Again, HOLD reasons 98 and 99 require the user to enter a HOLD comment.

**Example: Activity Log with HOLD/UNHOLD Comments**

<p>| Activity Log:                                |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HOLD</td>
<td>REFILL 1</td>
<td>USER,PHARMACY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUSPENSE - HOLD COMMENTS ENTERED BY THE USER MANUALLY.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>05/10/12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNHOLD</td>
<td>REFILL 1</td>
<td>USER,PHARMACY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUSPENSE - UNHOLD COMMENTS ENTERED BY THE USER WHEN REMOVING THE RX FROM HOLD.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Renewing a Prescription

This action allows the pharmacy technician to process renewals for existing orders.

Example: Renewing a Prescription

[This example begins after an order has been selected from the Medication Profile screen.]
## Glossary

The following table provides definitions for common acronyms and terms used in this manual.

<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Profile</strong></td>
<td>A list of all active and recently canceled or expired prescriptions for a patient sorted by classification. This profile also includes a signature line for each prescription to allow the physician to cancel or renew it.</td>
</tr>
<tr>
<td><strong>Activity Log</strong></td>
<td>A log, by date, of changes made to or actions taken on a prescription. An entry is made in this log each time the prescription is edited, canceled, reinstated after being canceled, or renewed. An entry will be made into this log each time a label is reprinted. A CMOP activity log will contain information related to CMOP dispensing activities.</td>
</tr>
<tr>
<td><strong>Allergy/ADR Information</strong></td>
<td>Includes non-verified and verified allergy and/or adverse reaction information as defined in the Adverse Reaction Tracking (ART) package. The allergy data is sorted by type (DRUG, OTHER, FOOD). If no data is found for a category, the heading for that category is not displayed.</td>
</tr>
<tr>
<td><strong>AMIS</strong></td>
<td>Automated Management Information System</td>
</tr>
<tr>
<td><strong>Answer Sheet</strong></td>
<td>An entry in the DUE ANSWER SHEET file. It contains the questions and answers of a DUE questionnaire. This term is also used to refer to the hard copy representation of a DUE ANSWER SHEET entry.</td>
</tr>
<tr>
<td><strong>API</strong></td>
<td>Application Programming Interfaces</td>
</tr>
<tr>
<td><strong>APSP</strong></td>
<td>Originally Indian Health Service Pharmacy's name space now owned by the Outpatient Pharmacy software.</td>
</tr>
</tbody>
</table>
| **BSA**               | Body Surface Area. The Dubois formula is used to calculate the Body Surface Area using the following formula:  
                           \[ BSA \text{ (m}^2) = 0.20247 \times \text{Height (m)}^{0.725} \times \text{Weight (kg)}^{0.425} \]  
                           The equation is performed using the most recent patient height and weight values that are entered into the vitals package.  
                           The calculation is not intended to be a replacement for independent clinical judgment. |
<p>| <strong>Bypass</strong>            | Take no action on a medication order.                                                                                                      |
| <strong>CHAMPVA</strong>           | CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) is a cost-shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans. |
| <strong>CMOP</strong>              | Consolidated Mail Outpatient Pharmacy.                                                                                                     |
| <strong>CPRS</strong>              | Computerized Patient Record System. CPRS is an entry point in VistA that allows the user to enter all necessary orders for a patient in different packages (e.g., Outpatient Pharmacy, Inpatient Pharmacy, etc.) from a single entry point. |</p>
<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CrCL</td>
<td>Creatinine Clearance. The CrCL value which displays in the pharmacy header is identical to the CrCL value calculated in CPRS. The formula approved by the CPRS Clinical Workgroup is the following: Modified Cockcroft-Gault equation using Adjusted Body Weight in kg (if ht &gt; 60in) This calculation is not intended to be a replacement for independent clinical judgment.</td>
</tr>
<tr>
<td>Critical</td>
<td>Interactions with severe consequences that require some type of action (finding facts, contacting prescribers) to prevent potential serious harm.</td>
</tr>
<tr>
<td>DATUP</td>
<td>Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out VA custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the production and pre-production centralized MOCHA databases at Austin and Philadelphia.</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Agency</td>
</tr>
<tr>
<td>DEA Special Handling</td>
<td>The Drug Enforcement Agency special Handling code used for drugs to designate if they are over-the counter, narcotics, bulk compounds, supply items, etc.</td>
</tr>
<tr>
<td>DHCP</td>
<td>See VistA.</td>
</tr>
<tr>
<td>DIF</td>
<td>Drug Information Framework</td>
</tr>
<tr>
<td>Dispense Drug</td>
<td>The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>Dosage Ordered</td>
<td>After the user has selected the drug during order entry, the dosage ordered prompt is displayed.</td>
</tr>
<tr>
<td>Drug/Drug Interaction</td>
<td>The pharmacological or clinical response to the administration of a drug combination different from that anticipated from the known effects of the two agents when given alone.</td>
</tr>
<tr>
<td>DUE</td>
<td>Drug Usage Evaluation</td>
</tr>
<tr>
<td>ETC</td>
<td>Enhanced Therapeutic Classification system</td>
</tr>
<tr>
<td>Expiration/Stop</td>
<td>The date on which a prescription is no longer active. Typically, this date is 30 days after the issue date for narcotics, 365 days after the issue date for other medications and 365 days after the issue date for supplies.</td>
</tr>
<tr>
<td>FDB</td>
<td>First DataBank</td>
</tr>
<tr>
<td>Finish</td>
<td>Term used for completing orders from Order Entry/Results Reporting V. 3.0.</td>
</tr>
<tr>
<td>GUI</td>
<td>Acronym for Graphical User Interface.</td>
</tr>
<tr>
<td>Issue Date</td>
<td>The date on which the prescription was written. This date is usually, but not always, the same as the first fill date. This date cannot be later than the first fill date.</td>
</tr>
<tr>
<td>HDR-Hx</td>
<td>Health Data Repository Historical</td>
</tr>
<tr>
<td>Acronym/Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>HDR-IMS</td>
<td>Health Data Repository- Interim Messaging Solution</td>
</tr>
<tr>
<td>HFS</td>
<td>Host File Server.</td>
</tr>
<tr>
<td>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</td>
<td>A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.</td>
</tr>
<tr>
<td>JCAHO</td>
<td>Acronym for Joint Commission on Accreditation of Healthcare Organizations</td>
</tr>
<tr>
<td>Label/Profile Monitor</td>
<td>A file for each printer which records, in the order in which they were printed, the last 1000 labels or profiles printed on that printer. This allows a rapid reprint of a series of labels or profiles that were damaged by a printer malfunction or other event.</td>
</tr>
<tr>
<td>Local Possible Dosages</td>
<td>Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.</td>
</tr>
<tr>
<td>Medication Instruction File</td>
<td>The MEDICATION INSTRUCTION file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion and intended use.</td>
</tr>
<tr>
<td>Medication Order</td>
<td>A prescription.</td>
</tr>
<tr>
<td>Medication Profile</td>
<td>A list of all active or recently canceled or expired prescriptions for a patient sorted either by date, drug, or classification. Unlike the action profile, this profile is for information only and does not provide a signature line for a physician to indicate action to be taken on the prescription.</td>
</tr>
<tr>
<td>Medication Routes File</td>
<td>The MEDICATION ROUTES file contains medication route names. The user can enter an abbreviation for each route to be used at the local site. The abbreviation will most likely be the Latin abbreviation for the term.</td>
</tr>
<tr>
<td>Med Route</td>
<td>The method in which the prescription is to be administered (e.g., oral, injection).</td>
</tr>
<tr>
<td>NCCC</td>
<td>Acronym for National Clozapine Coordinating Center.</td>
</tr>
<tr>
<td>Non-Formulary Drugs</td>
<td>The medications, which are defined as commercially available drug products not included in the VA National Formulary.</td>
</tr>
<tr>
<td>Non-VA Meds</td>
<td>Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients’ medical records.</td>
</tr>
<tr>
<td>Order</td>
<td>Request for medication.</td>
</tr>
<tr>
<td>Acronym/Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Orderable Item</td>
<td>An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense drug name (e.g., Acetaminophen 325mg).</td>
</tr>
<tr>
<td>Partial Prescription</td>
<td>A prescription that has been filled for a quantity smaller than requested. A possible reason for a partial fill is that a patient is to return to the clinic in ten days but the prescription calls for a thirty-day supply. Partials do count as workload but do not count against the total number of refills for a prescription.</td>
</tr>
<tr>
<td>Payer</td>
<td>In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).</td>
</tr>
<tr>
<td>Pending Order</td>
<td>A pending order is one that has been entered by a provider through CPRS without Pharmacy finishing the order. Once Pharmacy has finished the order, it will become active.</td>
</tr>
<tr>
<td>Pharmacy Narrative</td>
<td>OUTPATIENT NARRATIVE field that may be used by pharmacy staff to display information specific to the patient.</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>The administration of many drugs together.</td>
</tr>
<tr>
<td>POE</td>
<td>Acronym for Pharmacy Ordering Enhancements (POE) project. Patch PSO<em>7</em>46 contains all the related changes for Outpatient Pharmacy.</td>
</tr>
<tr>
<td>Possible Dosages</td>
<td>Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the DRUG file. The DRUG file entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.</td>
</tr>
<tr>
<td>Prescription</td>
<td>This term is now referred to throughout the software as medication orders.</td>
</tr>
</tbody>
</table>
| Prescription Status | A prescription can have one of the following statuses.  
  **Active** - A prescription with this status can be filled or refilled.  
  **Canceled** - This term is now referred to throughout the software as Discontinued. (See Discontinued.)  
  **Discontinued** - This status is used when a prescription was made inactive either by a new prescription or by the request of a physician.  
  **Discontinued (Edit)** - Discontinued (Edit) is the status used when a medication order has been edited and causes a new order to be created due to the editing of certain data elements.  
  **Deleted** - This status is used when a prescription is deleted. Prescriptions are no longer physically deleted from the system, but marked as deleted. Once a prescription is marked deleted no access is allowed other than view.  
  **Expired** - This status indicates the expiration date has passed.  
  **Hold** - A prescription that was placed on hold due to reasons determined by the pharmacist.  
  **Non-verified** - There are two types of non-verified statuses. Depending on a site parameter, prescriptions entered by a technician do not become active. |
<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>until a pharmacist reviews them. Until such review, they remain non-verified and cannot be printed, canceled or edited except through the Verification menu. The second non-verified status is given to prescriptions when a drug/drug interaction is encountered during the new order entry or editing of a prescription. Pending - A prescription that has been entered through OERR. Refill - A second or subsequent filling authorized by the provider. Suspended - A prescription that will be filled at some future date.</td>
</tr>
<tr>
<td>Progress Notes</td>
<td>A component of Text Integration Utilities (TIU) that can function as part of CPRS.</td>
</tr>
<tr>
<td>Provider</td>
<td>The person who authorized an order. Only users identified as providers who are authorized to write medication orders may be selected.</td>
</tr>
<tr>
<td>Reprinted Label</td>
<td>Unlike a partial prescription, a reprint does not count as workload.</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>An entry in the DUE QUESTIONNAIRE file. This file entry contains the set of questions related to a DUE as well as the drugs being evaluated.</td>
</tr>
<tr>
<td>Schedule</td>
<td>The frequency by which the doses are to be administered, such as Q8H, BID, NOW, etc.</td>
</tr>
<tr>
<td>Sig</td>
<td>The instructions printed on the label.</td>
</tr>
<tr>
<td>Significant</td>
<td>The potential for harm is either rare or generally known so that it is reasonable to expect that all prescribers have taken this information into account.</td>
</tr>
<tr>
<td>Speed Actions</td>
<td>See Actions.</td>
</tr>
<tr>
<td>Suspense</td>
<td>A prescription may not be able to be filled on the day it was requested. When the prescription is entered, a label is not printed. Rather, the prescription is put in the RX SUSPENSE file to be printed at a later date.</td>
</tr>
<tr>
<td>Third (3rd) Party Claims</td>
<td>Health care insurance claims submitted to an entity for reimbursement of health care bills.</td>
</tr>
<tr>
<td>Time In</td>
<td>This is the time that the patient's name was entered in the computer.</td>
</tr>
<tr>
<td>Time Out</td>
<td>This is the time that the patient's name was entered on the bingo board monitor.</td>
</tr>
</tbody>
</table>
| TRICARE         | TRICARE is the uniformed service health care program for:  
|                 | • active duty service members and their families  
|                 | • retired service members and their families  
|                 | • members of the National Guard and Reserves and their families  
|                 | • survivors, and  
|                 | • others who are eligible  
<p>|                 | There are differences in how prescriptions for TRICARE beneficiaries are processed versus how prescriptions are processed for veterans.                                                                |</p>
<table>
<thead>
<tr>
<th>Acronym/Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIU</td>
<td>Text Integration Utilities; a package for document handling, that includes Consults, Discharge summary, and Progress Notes, and will later add other document types such as surgical pathology reports. TIU components can be accessed for individual patients through the CPRS, or for multiple patients through the TIU interface.</td>
</tr>
<tr>
<td>Units per Dose</td>
<td>The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted for medications that can be split.</td>
</tr>
<tr>
<td>VistA</td>
<td>Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).</td>
</tr>
<tr>
<td>Wait Time</td>
<td>This is the amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each.</td>
</tr>
</tbody>
</table>
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